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Senate Finance Committee  
11 Bladen Street  
3 East Miller Senate Office Building  
Annapolis, MD 21401

**RE: Support for Senate Bill 951/House Bill 1558—State Board of Physicians—  
Anesthesiologist Assistants—Licensing**

Dear Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee,

My name is Morgan Lee Kim and I am writing to you as a resident of Bethesda and a Certified Anesthesiologist Assistant (CAA) to express my strong support for **Senate Bill 951/House Bill 1558**. I have been practicing as a CAA since graduating from my medical training in Florida in 2017, and I am eager for the opportunity to finally provide care to patients within my home state of Maryland.

My family and I moved to Montgomery County in 2019. Like many of my neighbors, we chose Bethesda as our home because it is an exceptional place to raise our son, particularly due to the superb reputation of the public school system. However, for the last seven years, I have had to take my clinical expertise across state lines. I currently commute into Washington, D.C., to work at a Level 1 Trauma Center, where I manage some of the highest-acuity patients in the country. While I take great pride in that work, it is a daily frustration that I must leave Maryland to provide the very care our own local hospitals and surgical centers so desperately need to address their staffing pressures.

Maryland is currently an outlier in our region; CAAs are already licensed in 23 states, including the District of Columbia and, soon, our neighbors Virginia. By passing this legislation, Maryland would align with these neighboring jurisdictions, allowing clinicians like myself to stay in-state. This would immediately help expand surgical capacity and reduce procedural delays for Marylanders without changing the fundamental leadership of our anesthesia departments.

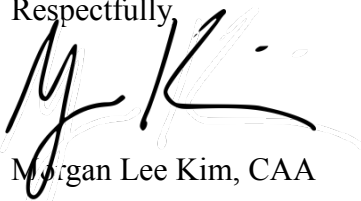
It is important to emphasize that CAAs practice exclusively within the physician anesthesiologist-led Anesthesia Care Team (ACT) model. We do not practice independently; physician supervision is a core requirement of our profession. In the operating room, we follow a rigorous safety culture centered on checklists, clear escalation protocols, and immediate

physician involvement for any complex or emergent event. My education is graduate-level and anesthesia-specific, and I maintain my competence through standardized national certification and ongoing continuing education.

Licensure under the State Board of Physicians would provide a transparent framework for oversight, establishing clear eligibility standards and enforceable practice rules that protect the public. I want to be clear that this bill does not create independent practice, nor does it seek to replace our valued colleagues in nursing. It simply adds another qualified, supervised professional to the team, giving Maryland hospitals the flexibility to choose the staffing models that best serve their patients.

I love living in Bethesda, and I want to be able to contribute my skills to the health and well-being of my own community. I respectfully urge a favorable report on Senate Bill 951/House Bill 1558 so that Maryland patients can access timely, physician-led anesthesia care close to home.  
Sincerely,

Respectfully,



Morgan Lee Kim, CAA